



Rural Health
HEALTH AND HUMAN SERVICES

N.C. Department of Health and Human Services
Office of Rural Health
311 Ashe Avenue Raleigh, NC 27606
Phone: 919.527.6440 • Fax: 919.733.8300
<http://www.ncdhhs.gov/divisions/orh>



North Carolina Rural Hospital Program

2017 Profile (Data from State Fiscal Year 2017 and current as of 6/30/2017)

Grant Facts

\$1.4M

SHIP and FLEX total
Federal (HRSA) available
grant funding

1.62

Full-time equivalent
health care professionals
supported through grant
funds

5

CAHs accessed
technical assistance from
ORH on establishing Rural
Health Centers

73%

CAHs Rate 9 or 10 (out of
10) on Patient
Satisfaction Hospital
Consumer Assessment of
Healthcare Providers and
Systems (HCAHPS) survey

71%

Of patients stated they
would recommend
hospital to others on
HCAHPS survey

86%

CAHs reporting
Emergency Department
Transfer Communication
Measures

28

Minutes from door to
Electrocardiography
(national average is 8
minutes) which is an
Acute Myocardial
Infarction quality care
measure

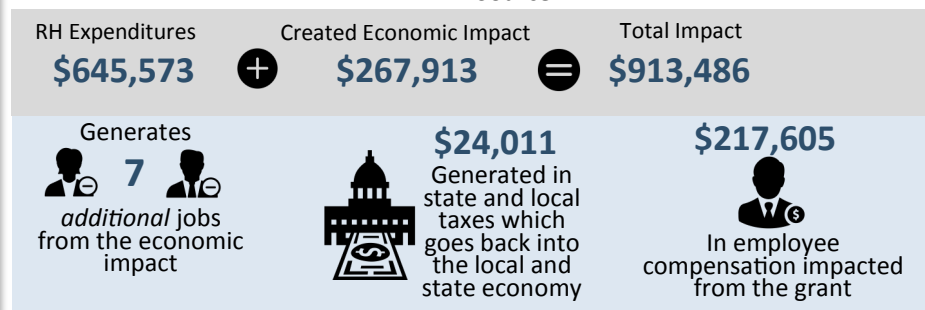
Overview

The Office of Rural Health's Rural Hospital (RH) program focuses on 12 small rural hospitals and 21 Critical Access Hospitals (CAHs). A CAH has a special designation from the Centers for Medicare and Medicaid Services (CMS). CAHs have 25 beds or fewer and receive cost-based reimbursement. Small Rural Hospitals have 49 available beds or fewer.

ORH administers two federal grants on behalf of Small Rural Hospitals and CAHs to improve their viability, quality of services, and integration with the rest of the health care system. These grants are the Rural Hospital Flexibility Grant Program (Flex) and the Small Rural Hospital Improvement Grant Program (SHIP), both of which receive recurring federal funding. The majority of the 21 CAHs are engaged and participating in ORH learning and action networks specific to financial and quality improvement.

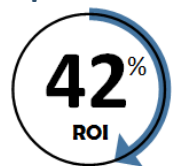
Return On Investment and Economic Impact

Source: IMPLAN



Each RH grant
dollar has a total
economic impact
of

\$1.42

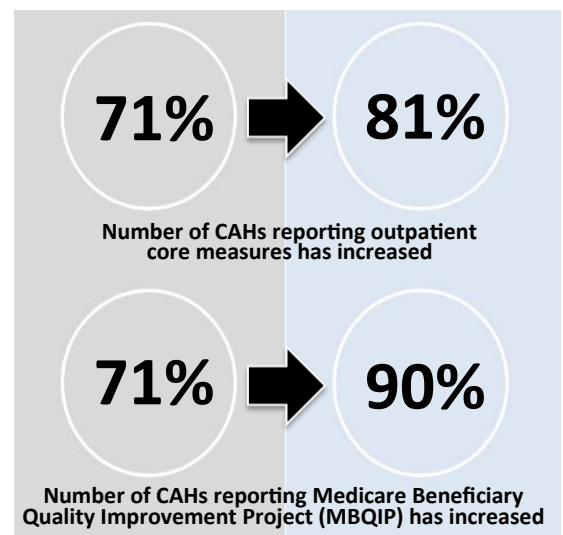


*Economic impact is estimated to be much greater because improved health outcomes can lead to fewer missed work days, reduced health care costs, and reduced premature morbidity and mortality. Some expenses such as out of state purchases, overhead, and rollover payments are not captured for ROI and economic impact.

Importance

- Small rural hospitals and CAHs are more financially vulnerable than larger hospital systems and are often the only medical facility in a rural community – if they close there will be reduced access to acute care and emergency room services
- ORH organizes and facilitates quarterly Learning and Action Network (LAN) meetings for all CAHs that focus on Quality, Financial Improvement, and Population Health Management
- The Finance LAN focuses on Provider Alignment, Revenue Cycle Improvement, and Service Growth to increase financial viability

Program Performance



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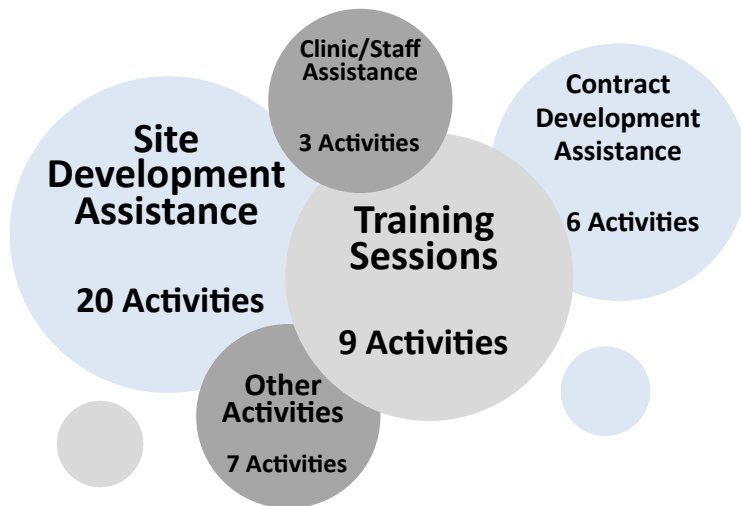
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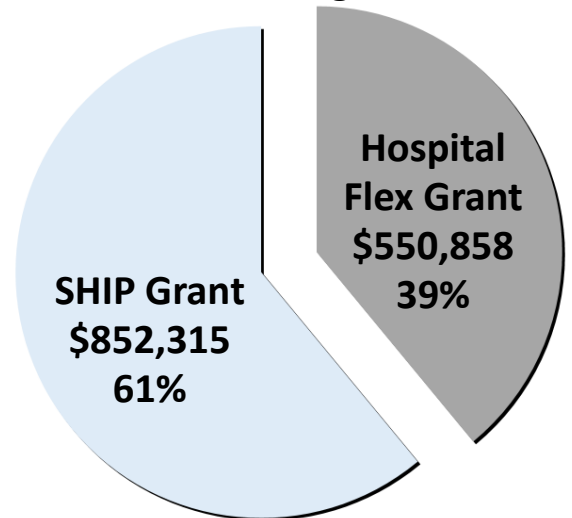
Technical Assistance

45 Activities in
29 Counties

Provided by ORH Staff



Total Program Funding*



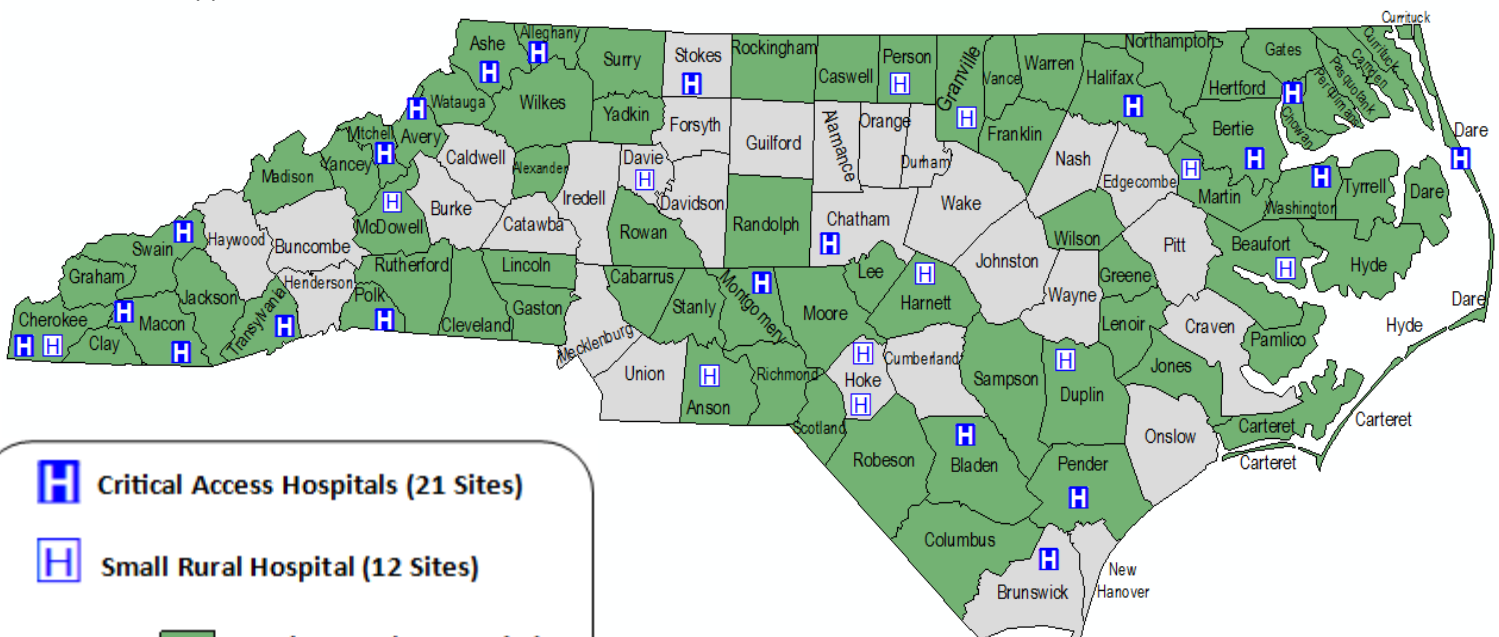
*Estimated based on budget reorganization and approved carry forward

Program Reach

33
Supported Sites

28
Total Counties Covered

24
Rural Counties Covered



H Critical Access Hospitals (21 Sites)

H Small Rural Hospital (12 Sites)

Green Rural County (70 Counties)

Grey Urban County (30 Counties)

If you have further questions, please contact:
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Nothing ComparesSM

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